

JAN 17 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44177
Do not use this space.

1. PLACE OF DEATH

(a) County Madison 2 Registration District No. 626
 (b) Township Falls Primary Registration District No. 303 Registered No. 166
 (c) City Maryville Mo 1 (d) Street No. 128 North Depot St. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

650 Bearly Jean Green
 (a) Residence, No. 128 North Depot St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-20-1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Maryville
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Harvie M. Keu
 14. BIRTHPLACE (CITY OR TOWN) Linnwood
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Martha Green
 16. BIRTHPLACE (CITY OR TOWN) Newton
 (STATE OR COUNTRY) Missouri

17. INFORMANT Martha Green
 (ADDRESS) 128 North Depot St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Maryville Mo DATE Dec 13 1939

19. FUNERAL DIRECTOR (NAME) Campbell Funeral Home
 (ADDRESS) 951 South Main Maryville Mo

20. FILED 12-12 1939 Mamie E. Clardy
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-12 1939
 22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1939 to Nov 12 1939
 I last saw her alive on Nov 3 1939 Death is said to have occurred on the date stated above, at 8:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Congenital Leses Date of onset

Other contributory causes of importance: 24

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury, 19.....
 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify

(Signed) John E. Egly M. D.
 (Address) Maryville, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM-9-19-38 I X16805

RECEIVED
District Health Officer No. 11,
District No. 140-1960
Date Filed JAN 13 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

William Campbell, Registered Apprentice No.....
working under my personal supervision.

Signed William Campbell
Licensed Embalmer No. 2670
P. O. Address Marionville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.